

MA1000014222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

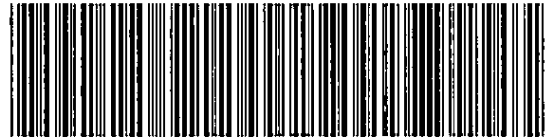
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200375387722

FILED

2021 OCT 26 AM 11:33

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 OCT 26 PM 2:11

CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 26 2021

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 10/26/2021**

**NAME: TRG LAKE WORTH MEMBER, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 160.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRG Lake Worth Member, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristi Dickison

\_\_\_\_\_  
Name of Person

Nelson Mullins Riley & Scarborough LLP

\_\_\_\_\_  
Firm/Company

390 N. Orange Avenue, Suite 1400

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/State and Zip Code

behant@jdflaw.com ✓

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristi Dickison

407

481-5263

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRG Lake Worth Member, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 West Putnam Avenue  
(Street Address of Principal Office)

6. 777 West Putnam Avenue  
(Mailing Address)

Greenwich, CT 06830

Greenwich, CT 06830

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

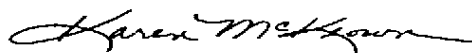
Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2021 OCT 26 AM 11:33  
CLERK OF STATE  
TALLAHASSEE, FL

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

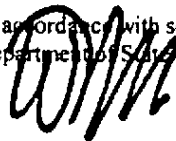
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>        | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>        |
|---|---------------------------------|---|---------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Richard Richman           | <input checked="" type="checkbox"/> Manager | Name: Kristin Miller            |
| <input type="checkbox"/> Member             | Address: 777 West Putnam Avenue | <input type="checkbox"/> Member             | Address: 777 West Putnam Avenue |
| <input type="checkbox"/> Authorized         | Greenwich, CT 06830             | <input type="checkbox"/> Authorized         | Greenwich, CT 06830             |
| Person                                      |                                 | Person                                      |                                 |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other  | <input type="checkbox"/> Other              | <input type="checkbox"/> Other  |
| <br><input type="checkbox"/> Manager        | Name: _____                     | <br><input type="checkbox"/> Manager        | Name: _____                     |
| <input type="checkbox"/> Member             | Address: _____                  | <input type="checkbox"/> Member             | Address: _____                  |
| <input type="checkbox"/> Authorized         | _____                           | <input type="checkbox"/> Authorized         | _____                           |
| Person                                      | _____                           | Person                                      | _____                           |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other  | <input type="checkbox"/> Other              | <input type="checkbox"/> Other  |
| <br><input type="checkbox"/> Manager        | Name: _____                     | <br><input type="checkbox"/> Manager        | Name: _____                     |
| <input type="checkbox"/> Member             | Address: _____                  | <input type="checkbox"/> Member             | Address: _____                  |
| <input type="checkbox"/> Authorized         | _____                           | <input type="checkbox"/> Authorized         | _____                           |
| Person                                      | _____                           | Person                                      | _____                           |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other  | <input type="checkbox"/> Other              | <input type="checkbox"/> Other  |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

William T. Fabbri, EVP

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRG LAKE WORTH MEMBER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRG LAKE WORTH MEMBER, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6336276 8300

SR# 20213615294

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204512903

Date: 10-26-21